

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/616465

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20= | <i>21</i> |
| INDEPENDENT CLAIMS | minus 3 = | <i>3</i> |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|-------|----|-----------|-----------|
| BASIC FEE | \$375 | OR | BASIC FEE | \$750 |
| XS 9= | | OR | XS18= | <i>21</i> |
| X42= | | OR | X84= | <i>3</i> |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) | (Column 4) |
|---|----------------------------------|------------------------------------|------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | <i>21</i> | Minus | <i>21</i> |
| | Independent | <i>3</i> | Minus | <i>3</i> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-------|----------------|----|-------|----------------|
| XS 9= | | OR | XS18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |

21505

| | (Column 1) | (Column 2) | (Column 3) | (Column 4) |
|---|----------------------------------|------------------------------------|------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-------|----------------|----|-------|----------------|
| XS 9= | | OR | XS18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |

| | (Column 1) | (Column 2) | (Column 3) | (Column 4) |
|---|----------------------------------|------------------------------------|------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|-------|----------------|----|-------|----------------|
| XS 9= | | OR | XS18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 2



BW

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify that this document is being deposited with the U. S. Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

Theresa J. Lawrence
(signature)

01-24-05
(Date of signature and deposit)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: James M. Koerlin GAU 3618; Conf. No. 1049

Serial No.: 10/616,465 Examiner: H. V. Phan

Filed: July 8, 2003 Attorney Docket No.: 1-24510

For: COORDINATED ARTICULATION OF WHEELCHAIR MEMBERS

Mail Stop Amendments
Commissioner for Patents, P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Honorable Sir:

Responsive to the office action mailed September 22, 2004, please amend the above-identified application as indicated on the following pages.

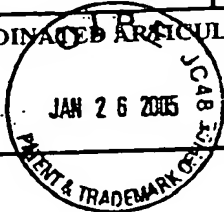


If any fees are required pertaining to this response, Applicant(s) request that all necessary fees be charged to Deposit Account No. 13-0005.

Respectfully submitted,

Ted C. Gillespie
Ted C. Gillespie
Reg. No. 27,981

MacMillan, Sobanski & Todd, LLC
One Maritime Plaza, Fourth Floor
720 Water Street
Toledo, Ohio 43604 (419) 255-5900

02/15/2005 WARTHOY 00000002 130005 10616465
Sale Ref: 00000002 DAH: 130005 10616465
01 FC:1251 120.00 DA

| | | | | | |
|---|-------------------------------------|-----------------------------|---|------------------------|--------------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 1-24510 | |
| Applicant(s): James M. Koerlin | | | | | |
| Application No. 10/616,465 | Filing Date 07-08-03 | Examiner H. V. Phan | Customer No. 04859 | Group Art Unit 3618 | Confirmation No. 1049 |
| Invention: COORDINATED ARTICULATION OF WHEELCHAIR MEMBERS | | | | | |
|  | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 21 - | 21 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-0005 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  Ted C. Gillespie - Reg. No. 27,981 MacMillan, Sobanski & Todd, LLC One Maritime Plaza, Fourth Floor 720 Water Street Toledo, Ohio 43604-1853 (419) 255-5900 | | | Dated: January 24, 2005 | | |
| CC: | | | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on January 24, 2005 (Date)  Signature of Person Mailing Correspondence Wanda J. Lawrence Typed or Printed Name of Person Mailing Correspondence | | |